

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MA	70591	2/17
O.I.P.E. CLASSIFIER	SW	32	2/17
FORMALITY REVIEW		64477	3-22-00
RESPONSE FORMALITY REVIEW		64477	4-19-00

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 :- ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	10/1/02
2	✓	✓	10/1/02
3	✓	✓	10/1/02
4	✓	✓	10/1/02
5	✓	✓	10/1/02
6	✓	✓	10/1/02
7	✓	✓	10/1/02
8	✓	✓	10/1/02
9	✓	✓	10/1/02
10	✓	✓	10/1/02
11	✓	✓	10/1/02
12	✓	✓	10/1/02
13	✓	✓	10/1/02
14	✓	✓	10/1/02
15	✓	✓	10/1/02
16	✓	✓	10/1/02
17	✓	✓	10/1/02
18	✓	✓	10/1/02
19	✓	✓	10/1/02
20	✓	✓	10/1/02
21	✓	✓	10/1/02
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If more than 150 claims or 10 actions  
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